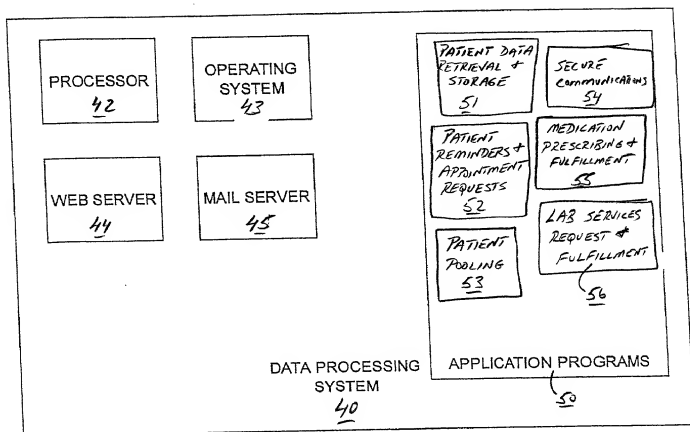


FIG. 2



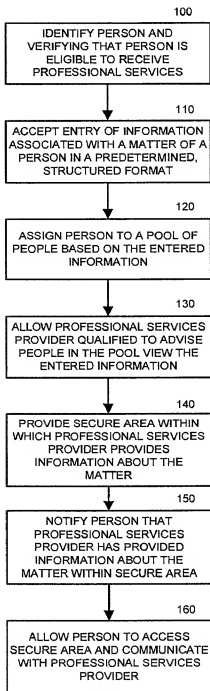


Fig. 3

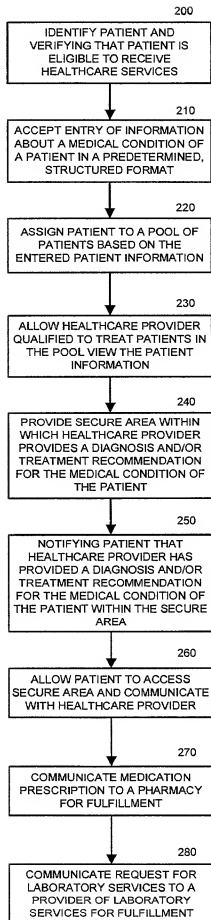
































Fig. 4








































































































































































































































































































































































































































































































































































































































































































































































































































































































Virtual Office Visit™

Start a New Visit

Start a New Virtual Office Visit

close menu

If you have visited us before, please login here:

User ID

Password

FAQ

Confidentiality

Security

Contact Info

Let's Begin Your Virtual Office Visit™!

Please complete the following to begin your Virtual Office Visit™ Consultation

Doctor Quality

Emergency

Practice Area

Site Map

Please complete the information below. We will verify it on the next screen to ensure your information is complete and accurate. We will then ask you several questions about your health history and the condition for which you are seeking treatment. Our first priority is your safety, so please remember to answer all questions truthfully and accurately.

* Required fields

*First Name

Middle Name

*Last Name

*User ID

Please choose a unique User ID, and we will send you a secure password to you at the email address specified below.

*E-mail Address

*Confirm E-mail Address

*Primary language:

English

Have you had a PHYSICAL consultation with this doctor or practice before?
(You must answer this question to continue with your visit.)

Yes ☐ No ☐

*Do you want to receive promotional E-mails?

Yes ☒ No ☐

Continue

Important Security Note: As a registered patient, you will be able to establish your own unique user identification. For added security, we will send a randomly generated password to the email address listed above, thereby confirming your identity. Future correspondence to your user ID will only be directed to your email address. When returning to our site, you must use your unique User ID and random Password to login again. After you login, you may change your password from your Patient Homepage.



Home



Security



Condition Library



FAQs



Fees & Pricing



Live Help



Logout

FIG. 6

Virtual Office Visit™

Start a New Visit

Start a New Virtual Office Visit

As a patient of Primary Care of the Triangle, you can utilize our Virtual Office Visit™ to obtain a **Secure, Confidential, and Convenient** consultation with our **Top Quality Physicians**. [Click here for general instructions.](#)

What is your topic for consultation: (choose up to three)

Topic 1: -- Please Select --

Topic 2: -- Please Select --

Topic 3: -- Please Select --

Click Here
Our Conditions

close menu
FAQ
Confidentiality
Security
Contact Info
Doctor Quality
Emergency
Practice Areas
Site Map

As the first step in conducting your Virtual Office Visit, please confirm and/or input the following information. From there, the physician will review your history and make a decision. You will receive emails updating you of all progress.

85 Personal Information

*required fields

* First Name

* Last Name

* Gender ☐ M ☐ F

* Address Line 1

Address Line 2

* City

* State

* Zip

* Country

Business Phone

* Home Phone

* E-Mail

* E-Mail Confirmation

Please confirm this has been entered correctly!
This will be our primary means of contact with you.

* Date of Birth



F16-7

Virtual Office Visit™

Start a New Visit

Start a New Virtual Office Visit

close menu

FAQ

Confidentiality

Security

Contact Info

Doctor Quality

Emergency

Practice Areas

Site Map

The following charges will apply to your Virtual Office Visit™

As part of your Virtual Office Visit™ your physician may prescribe the following medications. If you have a preference, or are already taking these medications, please check the appropriate medications.

Allergic Rhinitis

- ☐ Allegra
☐ Claritin
☐ Zyrtec

Credit card information is for authorization purposes only. You will not be charged until your Virtual Office Visit™ is completed.

Billing Information

Card Holder Name

Card Type

Visa

Card Number

Expiration Date

January

2001

Waiver of Liability and Informed Consent to Release Medical Records

☐ I understand and agree that:

☐ I am using this site because I am a patient or am interested in becoming a patient of a physician featured on this site (My Physician);

☐ My Physician uses his or her independent

Click to continue your Virtual Office Visit

FIG-8A

85 Personal Information

***required fields**

* First Name	test3434test
* Last Name	paro
* Gender	M
* Address Line 1	2323 Road
Address Line 2	
* City	Raleigh
* State	North Carolina
* Zip	27610
* Country	United States
Business Phone	
* Home Phone	919-787-7890
* E-Mail	gregoryparo@hotmail.com
* Date of Birth	06/13/74

NOTE: Please confirm you personal information. If this information is incorrect please update it now.

FIG. 8B

Virtual Office Visit™

Start a New Visit

Start a New Virtual Office Visit

get more info here



Security Note:

Primary Care of the Triangle respects the privacy of your medical information. All information given to Primary Care of the Triangle is protected, secured and held in complete confidence. [Click here to view our Privacy Policy.](#)



Home



Security



Condition Library



FAQs



Fees & Pricing



Live Help



Logout

* Required fields

Please respond to each question listed below:

Do you consume more than 2 servings of alcohol per day?

Yes ☐ No ☐ No Answer ☒

Do you use recreational drugs?

Yes ☐ No ☐ No Answer ☒

If yes then please describe:

Do you use tobacco products?

Yes ☐ No ☐ No Answer ☒

If no, Number of years tobacco free?

How many cups of a caffeinated beverage do you consume in an average day?

Vital Statistics

*Height(in inches)

(Hint: 4ft=48in; 5ft=60in; 6ft=72in)

*Weight(in pounds)

Blood Pressure

Current Medications

*Please list all prescription medications, non-prescription medications and herbal products or dietary supplements you are currently taking (even if occasionally);

Example: Claritin - 3 months; Alesse - 1 yr.; Tylenol - occasionally

If you are not currently taking any medications, you must enter "none"

*Known Drug Allergies

If you have no known drug allergies, you must enter "none"

Surgical History

FIG. 9A

*Description of Surgery/Date of Surgery:
If you have not had surgery, you must enter
"none"

Family Medical History

Has anyone in your family had any of the following medical problems?

Heart Disease? Yes ☐ No ☐ No Answer ☒

High Blood Pressure(hypertension)? Yes ☐ No ☐ No Answer ☒

Stroke? Yes ☐ No ☐ No Answer ☒

High Cholesterol? Yes ☐ No ☐ No Answer ☒

Kidney Disease? Yes ☐ No ☐ No Answer ☒

Liver Disease? Yes ☐ No ☐ No Answer ☒

Asthma? Yes ☐ No ☐ No Answer ☒

Seizure disorder or epilepsy? Yes ☐ No ☐ No Answer ☒

Neurologic disorder? Yes ☐ No ☐ No Answer ☒

Colon cancer? Yes ☐ No ☐ No Answer ☒

Breast cancer? Yes ☐ No ☐ No Answer ☒

Lung cancer? Yes ☐ No ☐ No Answer ☒

Other cancer? Yes ☐ No ☐ No Answer ☒

General Medical History

Do you have or have you had any of the following?

Heart Problems? Yes ☐ No ☐ No Answer ☒

High Blood Pressure(hypertension)? Yes ☐ No ☐ No Answer ☒

Stroke? Yes ☐ No ☐ No Answer ☒

Kidney Problems? Yes ☐ No ☐ No Answer ☒

Diabetes or high blood sugar? Yes ☐ No ☐ No Answer ☒

535

F16-93

536

Diabetes or high blood sugar?

Yes ☐ No ☐ No Answer ☒

Cancer?

Yes ☐ No ☐ No Answer ☒

Liver Problems?

Yes ☐ No ☐ No Answer ☒

Gall Bladder Problems?

Yes ☐ No ☐ No Answer ☒

Stomach or Intestinal Problems?

Yes ☐ No ☐ No Answer ☒

Pulmonary or respiratory problems?

Yes ☐ No ☐ No Answer ☒

Asthma?

Yes ☐ No ☐ No Answer ☒

Musculoskeletal problems?

Yes ☐ No ☐ No Answer ☒

Thyroid or endocrine disorder?

Yes ☐ No ☐ No Answer ☒

Allergic disorder?

Yes ☐ No ☐ No Answer ☒

Epilepsy or seizure disorder?

Yes ☐ No ☐ No Answer ☒

Blood clots or phlebitis?

Yes ☐ No ☐ No Answer ☒

Genital disorder?

Yes ☐ No ☐ No Answer ☒

Neurological problems?

Yes ☐ No ☐ No Answer ☒

Psychiatric problem?

Yes ☐ No ☐ No Answer ☒

Frequent Headaches?

Yes ☐ No ☐ No Answer ☒

Significant trauma?

Yes ☐ No ☐ No Answer ☒

Skin problems?

Yes ☐ No ☐ No Answer ☒

Other chronic problems?

Yes ☐ No ☐ No Answer ☒

*Are you being treated for any medical conditions at this time?

Yes ☐ No ☐ No Answer ☒

*If yes then please describe:

FIG-9C

*Have you been examined by a healthcare provider within the last 12 months?

Yes ☐ No ☐ No Answer ☒

reference: Harrison's General Principles of Medicine

Update General Medical History

Fig. 9C CONT.

25
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100

Virtual Office Visit™

Start a New Visit

Start a New Virtual Office Visit

get more info here



Specific Men's Impotence Questions

* Answer Required



Home

*Do you feel you have adequate interest in sex?

☐ Yes ☐ No



Security

*How long have you felt sexually dysfunctional?



Condition Library

*Do you have a problem achieving or maintaining an erection sufficient for sexual intercourse?

☐ Yes ☐ No



FAQs



Fees & Pricing

*During intercourse, do you find it difficult to maintain your erection after you have entered your partner?

☐ Yes ☐ No



Live Help

*Do you feel your penis is crooked?

☐ Yes ☐ No



Logout

*Have you ever had problems with an erection lasting too long?

☐ Yes ☐ No

*Have you used a method or treatment for erectile dysfunction in the past?

☐ Yes ☐ No

*Describe the method or treatment you used for erectile dysfunction.

If none, please type "None". If you are on Viagra now, please state here with dose that was effective.

Please describe anything else in your sexual history that would help your

540

FIG- 101
A

Please describe anything else in your sexual history that would help your doctor understand your problem:

--

***Are you taking any antidepressants?**

☐ Yes ☐ No

***Are you taking any antibiotics?**

☐ Yes ☐ No

***Are you taking any oral antifungal medications?**

☐ Yes ☐ No

***Do you have a bleeding disorder?**

☐ Yes ☐ No

FK-10B

***Are you or have you been treated for an ulcer?**

☐ Yes ☐ No

***Have you ever been told you have or had congestive heart failure?**

☐ Yes ☐ No

***Have you ever been told you have angina or other heart conditions?**

☐ Yes ☐ No

***Do you take any medications to lower your blood pressure?**

☐ Yes ☐ No

***Have you ever been told that you have decreased or abnormal kidney function?**

☐ Yes ☐ No

***Do you understand what a nitroglycerin or a nitrate is?**

☐ Yes ☐ No

If you do not understand what a nitrate is, please [click here](#).

***Do you understand that taking Viagra while you are on a nitrate can cause your blood pressure to drop to a potentially fatal level?**

☐ Yes ☐ No

***Do you take any medication classified as a nitrate in any form?**

☐ Yes ☐ No

continue

108 Cont.

Virtual Office Visit™

[Start a New Visit](#)**Start a New Virtual Office Visit**[get more info here](#)**You have successfully completed your Virtual Office Visit!!**

The following steps will occur to ensure a convenient and confidential consultation:



Home



Security



Condition Library



FAQs



Fees & Pricing



Live Help



Logout

1. Upon completion of your first Virtual Office visit, an email confirming the username you chose and a randomly generated password will be sent to the address you listed here. Keep your username and password in a safe place because you will need it to access your information and to communicate with your physician. Remember, you can change this password at any time by simply logging onto this site and clicking 'Change your password.'
(Important Note: If you do not receive a confirmation email within 6 hours, contact Patient Services immediately at 800-200-5202)
2. Dr. Primary Care of the Triangle will then review your medical history and provide a Treatment Plan specific to your condition(s). In some cases, your physician may have additional questions concerning your medical history before determining the appropriate treatment.
3. Whether a Treatment Plan has been provided or additional information is required, you will receive an email asking you to visit this site to securely view every communication from your physician.
4. Once a Treatment Plan is decided upon by Dr. Primary Care of the Triangle, you will simply return to moye.medfusion.net, logon and click on the "Communicate" tab, view your most recent communication, and follow the "Click here to fill my prescription" link. You may then have your prescription called-in to your local pharmacy, or have it shipped directly to your door by 1stOnlinePharmacy.com.

Your Virtual Office Visit is *that* simple! If you have any questions, or are not sure how to proceed, our dedicated Patient Services representatives are available Monday through Friday from 9 am to 8 pm, Eastern time. You may also contact us via email, if you have any further questions about Primary Care of the Triangle or about your Virtual Office Visit.

[Click here for a printer friendly version](#)

FIG-11

1002ND 27888888

Dr. Fernando Puerto, Communication center - HandSpring Internet Explorer

Address: http://www.medison.net/secure/doctor/communication_center.htm

http://www.medison.net/secure/doctor/communication_center.htm

medison, Inc. powering the future of medicine

Pool count = 0

New patients (1)

Returning (0)

Pending (0)

Search old patients

Firstname

Lastname

Email

Submit

Advanced search

Communication center

Filtering

Help

Options

Logout

602a

602b

602c

602d

602e

602f

602g

602h

602i

602j

602k

605a

605b

605c

605d

605

Communication center

Filtering

New messages

Drafts

All (addressed to the physician)

Search by patient (all communications)

Submit

Communicated, Prescribed, Changed, Advised

Date

From

Subject

No messages in this section

600

FIG. 13

610

1-16.14A

[illegible]

—610

F16. 143

614

6/14a

100240 82833360

620

Fig-15A

David Glenn Dyer - Encuentro details - Medicines Internet Explorer

Age: 39 Sex: M Height: 70 (in) Weight: 205 (lb) State: North Carolina

David Glenn Dyer sought treatment for Hair Loss

Drugs available for this condition: Propiprone 3

616

617

618

Strength	Form	Quantity	Package
10 mg	P.O.	100	C
10 mg	P.O.	90	C
10 mg	P.O.	60	C
10 mg	P.O.	30	C

619

622

Continuing care required: 30 days (30)

If you wish to write a general Rx for this encounter in addition to the one above, enter the text in this area.

620

F16.15B

622

26

125a

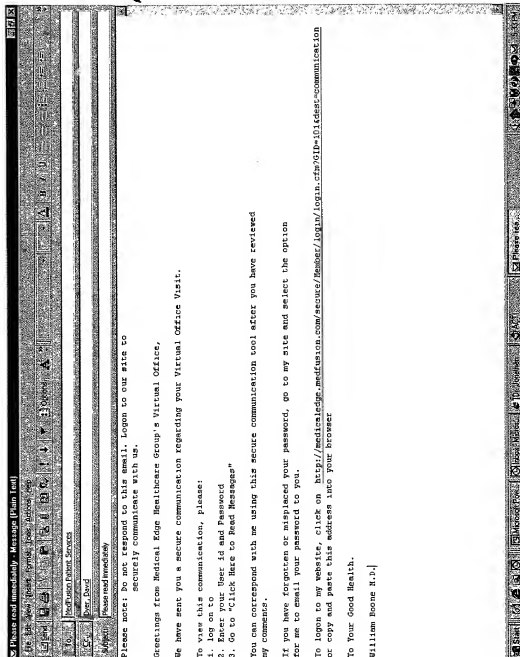
640

David Glenn Dyer
(Hair Loss)

You have completed the consultation. You may select your next patient.

There are no patients in the pool, click here to go the "home" page or click here to logout

09230978-042004



700

FIG. 17

000210-8282866

720

Fig. 19

http://www.virtualmedgroup.com/secure/Patient/comm_center/index.cfm?CFID=40884CTT0KEH-2078 - Microsoft Internet Explorer

Address http://www.virtualmedgroup.com/secure/Patient/comm_center/index.cfm?CFID=40884CTT0KEH-2078686

File Edit View Favorites Tools Help

File Edit View Favorites Tools Help

Virtual Office VisitSM Communicate with Your Physician

Welcome to the Arma Dermatology Associates, P.A. communication center

View Your Consultation Messages

Unread
Drafts
All messages

Message Summaries

Date	From	Subject
2/27/2001	Dr. Jonathan Dough	prospecta

Home
Medical Review
Send Patient
FAQ

Get more help here

730

F16-20

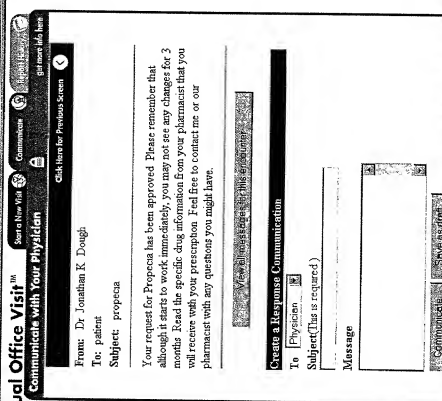


Fig. 21

141

742

— 743

Virtual Office Visit™ [Get New Visit](#) [Complete](#) [Refresh](#)

Get Virtual Office Visits and Reports

PHYSICIAN: HEPER

Patient	Mariboro Men	DOB	
Visit Date	20-Jul-00	Emergency	
		Refills	
		Quantity	
		Strength	
		Route	
		Frequency	
		Notes & Rx	
		Lab Work	

Complaint: Hepers
Diagnosis: Prescribed medication
Rx Details: Valitex
Drug prescribed: 15
Quantity: 1000.0 mg
Strength: P.O.
Route: 5
Refills: 5
Take 1/2 tablet every day
Generic substitution permitted
Use latest O. merged messages for this procedure
View this control response:

PROGNOSIS

Treatment plan

Please select one of the following pharmacy options

- Immediately fill my prescription through [this pharmacy](#) ([pharmacy.com](#)) Pharmacy and shipping charges will apply. Your prescription will be shipped immediately.
- Call in my prescription to my pharmacy. (Pharmacy not set up for this medication group on [sdcmedpharmacy.com](#)) [Click here](#)
- I do not want to fill my prescription at this time, but understand that I can choose one of the above options at any time.

750

FIG. 22

100240*82883050

Thank you for visiting my Virtual Office provided by VirtualMedicalGroup.com. I have been practicing in the field of hair replacement and cosmetic surgery for over a decade in Ohio, Pennsylvania, and North Carolina. I am also currently opening an office in the Atlanta metro area. In all of my practices, I strive to provide patients with clinical expertise and knowledge gained through thousands of hours of hands-on experience and continuing education. Combined with my experience in cosmetic enhancement, I think you will find that we are a valuable tool in determining what treatment will be best for you.

If you are an existing patient with a user id and password please [click here](#) if you are a new patient please continue below.

Please enter a username, and we will create an encrypted password that will be emailed to you.
(Example: smith, john, john_smith, j.smith)

*Username

* First Name
 * Last Name
 Middle Name
 * Address 1
 Address 2
 * City
 * State
 * Country
 * Zip Code

Fig- 23A

800

100210-2282860

800

Fig- 238

* Zip Code 27608	
* Home Phone 919-781-4792	* E-Mail pdyer@medicalweb.com
* Work Phone 919-659-3201	* Confirm E-Mail pdyer@medicalweb.com

Would you like us to call with your appointment confirmation?
☒ Yes ☐ No

* Date of Birth
 09/15/61

Gender
☒ Male ☐ Female

Social Security No.

Employer

Employer Address

Spouse Name (if Applicable)

Guarantor (if child)

* I would like to see you
☒ Yes ☐ No

* Appointment day needed

* Appointment Time Needed
 (Example: Morning, Afternoon, 8 am - 12 pm, 3 pm - 5 pm)
 Morning

* Reason for Visit
 hair restoration consult

Referred By

Submit Information Start Over

http://www.vitalmedgroup.com/request/appointment_req.cfm

File Edit View Favorites Tools Help
Back Forward Stop Reload Home Page History Print
[http://www.vitalmedgroup.com/request/appointment_req.cfm](#)
Links Free-Header Windows Search Mail Pages Making and Managing My Web Site

Appointment requests for DrGrantKoher.com

Choose Appointment Status

Request: e Approved: C Rescheduled: C Hold: C

From January 1 2000
To October 12 2000
16:58 PM

Patient Appointments

Name	Request date/time	Reason	Address	Contact Information
Michael Craig	Next week on Monday Wednesday morning.	hair restoration	123 Elm Street Raleigh, North Carolina 27608	919-701-4732 919-659-3201 ddys@medicalweb.com United States
Vikram Narayan	Next week on Monday/Wednesday/Friday morning.	hair restoration	123 Elm Street Durham, North Carolina 27708	919-704-6666 919-659-3208 vikramn@medicalweb.com United States

F-16-24A

810

2